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CONFIRMATION NO. 9401

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|--|---|-------------------------------|---|---|
| <b>SERIAL NUMBER</b><br>10/646,243   | <b>FILING OR 371(c) DATE</b><br>08/22/2003<br><b>RULE</b>   | <b>CLASS</b><br>600           | <b>GROUP ART UNIT</b><br>3735   | <b>ATTORNEY DOCKET NO.</b><br>020.0341.US.CON               |
| <b>APPLICANTS</b><br>Gust H. Bardy, Seattle, WA;<br><b>** CONTINUING DATA *****</b><br>This application is a CON of 10/152,207 05/20/2002 PAT 7,207,945 which is a CON of 09/442,125 11/16/1999 PAT 6,398,728<br><i>yes NV 10/27/2006</i><br><b>** FOREIGN APPLICATIONS *****</b>                                  |   |                               |   |   |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 11/14/2003</b>   |   |                               |   |   |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged <i>[Signature]</i><br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>WA | <b>SHEETS DRAWING</b><br>28   | <b>TOTAL CLAIMS</b><br>81<br><b>INDEPENDENT CLAIMS</b><br>9 |
| <b>ADDRESS</b><br>49475  |   |                               |   |   |
| <b>TITLE</b><br>System and method for diagnosing and monitoring respiratory insufficiency for automated remote patient care  |   |                               |   |   |
| <b>FILING FEE RECEIVED</b><br>2352   | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |